

DIRECT DEPOSIT SIGN-UP FORM (AUSTRIA)

**APPLICATION FOR PAYMENT OF UNITED STATES SOCIAL SECURITY
MONTHLY BENEFITS BY DIRECT DEPOSIT**
ANTRAG AUF DIREKTUEBERWEISUNG DER MONATLICHEN U.S. SOCIAL SECURITY
RENTENZAHLUNGEN AUF EIN SCHILLING- ODER EUROKONTO

- Complete Section 1 and **"SIGN YOUR NAME."**
- Ask your bank to complete Section 3
- Mail the completed form to the address in Section 2

SECTION 1 (TO BE COMPLETED BY PAYEE)

Name and Complete Mailing Address:	- SOCIAL SECURITY CLAIM NUMBER -																		
	Name of Person Entitled to the Benefits																		
THIS BOX IS FOR ALLOTMENT OF PAYMENT ONLY (if applicable)																			
TELEPHONE NUMBER:					TYPE					AMOUNT									
PAYEE CERTIFICATION I certify that I have read and understand the back of this form. In signing this form, I authorize the Social Security Administration to send my payment to my bank and deposit it in the designated account. I understand that personal information in these payments will be treated confidentially, but I consent to disclosure of payment information that is compelled by law or necessary to protect against fraud or crime.					JOINT ACCOUNT HOLDER'S CERTIFICATION (optional) I certify that I have read and understand the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.														
YOUR SIGNATURE					DATE					SIGNATURE					DATE				
										This account is: <input type="checkbox"/> My own account <input type="checkbox"/> Joint account									

SECTION 2 (MAILING ADDRESS)

GOVERNMENT AGENCY NAME: SOCIAL SECURITY ADMINISTRATION	MAIL COMPLETED FORMS TO: FEDERAL BENEFITS UNIT U.S. Consulate Gartenbaupromenade 2, 4th Floor A1010 Vienna Austria
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SECTION 3 (TO BE COMPLETED BY YOUR FINANCIAL INSTITUTION)
THIS ACCOUNT MUST BE IN EUROS.

NAME OF BANK	BANK PHONE NUMBER																			
ADDRESS OF BANK																				
PRINT NAME OF BANK OFFICIAL	SIGNATURE OF BANK OFFICIAL																			
Bank Code (Bankleitzahl) and Account Number (Konto Nr.)																				